

Consumer Council News

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Mental Health Program Changes

The VHA Directive 99-030 will be reissued to ensure that changes in VA mental health services or programs will require approval from the Office of the Under Secretary for Health. This will have particular emphasis on capacity issues. When there is a closure of a unit or reduction in staff or programmatic changes this will be reviewed and require approval. It is expected that a full continuum of care is available for veterans.

VHA Mental Health Strategic Plan

The President's New Freedom Commission on Mental Health was the basis for the VA Action Agenda "Achieving the Promise Transforming Mental Health Care in VA (December 2003). The Action Agenda made many recommendations based on the goals of the New Freedom Commission report. This lead to increased visibility of VA to mental health issues and Secretary Principi initiated a Mental Health Task Force in June 2004. As a result a Comprehensive VHA Mental Health Strategic Plan "A Road Map for Transforming VA Mental Health Care" has been developed to operational plans in place to improve health service delivery in VA. The recommendations are to:

- * Ensure Equity of Access and reduce variability and gaps in Mental Health care.
- * Emphasize the Recovery Model at



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* every Medical Center Develop and Implement the full continuum of recovery-oriented Mental Health Services
* Restore Substance Abuse Services to meet the unmet demand
* Assess Long term care needs as a combined medical and mental health model across the age continuum
* The Mental Health Service Project Models will be released in the near future with specific recommendations to implement a recovery based continuum of care in VHA programs.

Consumer Partnership Platform for Change

A presentation done by Paolo DeVecchio (SAMHSA) and Lisa Goodale (DBSA) from the Consumer Liaison Council of the Committee on Care of Veterans with Serious Mental Illness (SMI) discussed the recommendation from a Consumer Forum. The recommendations indicate action steps to increase consumer involvement and expand peer support services; reduce discrimination and stigma; increase opportunities for a consumer and family-driven system; protect and enhance patient's rights; and ensure that disparities in mental health care are eliminated.

The recommendations included a recommendation to advance and implement a national campaign to reduce stigma and develop a national strategy for suicide prevention. It was emphasized that a one on one contact ap-

proach should be the primary strategy for this campaign. Another recommendation was to involve consumer and families fully in orienting the mental health system toward recovery. As part of this it was recommended that peer-run services be mandated and that there should be a 25% increase in consumer operated program capacity for each state by 2008. Additionally they recommended initiatives to enhance rights of people with mental illness and that access involve cultural and linguistic competences to include hiring clinicians from minority and linguistic groups.

Newsletter sponsored by
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Online Newsletter
www.mentalhealth.med.va.gov/cc

VHA Supported Employment

By Ralph Zaccaro

The Veterans Health Administration's Compensated Work therapy Program received a major new vocational tool with the addition of Employment Support Services as authorized by PL 108-170(104). Work restoration services in the CWT program will now consist of three clinical models: Workshop Evaluation, Transitional Work Experience (TWE), and Supported Employment (SE). A roll out of the new plans for CWT is scheduled for October 26-27, 2004 in Washington, DC. The conference will feature guest speakers Dr. Deborah Beck and Dr. Robert Drake, from Dartmouth College, experts in the field of supported employment research.

The passage of PL 108-170, the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003, amended 38 USC Section 1718 to authorize the provision of evidence-based supported employment as a clinical rehabilitation model. Supported employment is a service model that will help veterans to obtain paid, competitive employment and provide necessary on-going support. Supported employment is a well-defined approach that has been demonstrated to substantially increase competitive employment outcomes for people who have severe disabilities and a demonstrated inability to gain and/or maintain competitive employment. Therefore, in addition to existing transitional work experience models in which no employer-employee relationship exists, the CWT program will fully implement evidenced-based supported employment in which veterans are paid directly by the employing entity. Supported employment implements the concept of the recovery model by helping veterans lead normal, healthy lives that include community based employment, by providing work skills training and development services, job development and placement services, and employment support to participants.

CWT is to be provided to veterans with mental illness, substance use disorders, homelessness, physical disabilities and other disabilities that contribute to occupational dysfunction. There is no exclusion from treatment/participation in CWT based on diagnosis, limitations of disability, vocational treatment goals, or entitlement eligibility for SSDI, SSI, or similar pro-

grams. The addition of SE to previously held transitional modalities will provide clinical staff with expanded clinical approaches, and the veteran will have increased opportunities for community reintegration and competitive employment. Although SE replaces current approaches not utilizing community-based employment as the primary work restoration model used in Psychosocial Rehabilitation work restoration programs, CWT transitional work in the VA and community should continue to be used as a clinical tool while veterans are seeking competitive employment in SE, or are unable to participate in SE due to treatment demands.,

The following summarizes the principles of evidenced-based supported employment:

1. People with disabilities can obtain and succeed in competitive jobs directly, without pre-employment training and without extended evaluation.
2. Vocational rehabilitation is considered an integral component of mental health treatment, Individuals are not precluded because of the lack of prior work history or vocational goal.
3. The goal of supported employment is competitive employment in integrated work settings, rather than prevocational, sheltered, or segregated work experiences. Job search starts as soon as possible after a veteran expresses interest in work
4. Vocational development is continuous and based in competitive work experiences, rather than in artificial or sheltered settings.
5. Job choice, disclosure, and supports are based on veterans preferences and choices.
6. Job supports continue for a time that fits the individual's needs, rather than terminating at a set point after becoming employed.
7. Services are provided in the community, rather than in clinical settings.
8. An integrated multidisciplinary team approach, rather than uncoordinated parallel interventions, promotes the integration of vocational, clinical, and support services and produces better employment outcomes. (Becker, Drake; 2003)

For additional Information on visit the CWT website at www.va.gov/vetind or call 1-800-355-8262

Information and Referral

IMPLEMENTATION OF PL 108-170 § 104: COMPENSATED WORK THERAPY'S SUPPORTED EMPLOYMENT TRAINING FOR MENTAL

HEALTH STAFF—October 26- 27, 2004

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